



Vermont Nurse Practitioners Association

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To: Senate Healthcare Committee

From:

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Re: S. 204 Free Standing Birth Centers

INTRODUCTION

Thank you to the committee for inviting me to testify today on this important topic.

Currently there is no Certified Nurse Midwifery (CNM) in Rutland County. My Daughter traveled to Porter in Middlebury for her first child and now is traveling to Gifford in Randolph for her second. This is potentially a safety issue when traveling over 60 min to her CNM appointments monthly and especially once in labor and timing the trip for a safe delivery. If CNM care was available in our area of the state she would not be traveling for her care.

CNMs are Advanced Practice Registered Nurses (APRNs) and provide primary care to woman of childbearing age and beyond with a comprehensive range of services. These services include primary care; gynecologic and family planning services; preconception care; care during pregnancy, childbirth, and the postpartum period; care of the normal newborn during the first 28 days of life; and more This is another avenue that APRNs are providing much needed Primary Care to Vermonters.

Background on Freestanding birth centers

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Michelle Wade

State and regional authorities should work together with the multiple institutions within a region, and with the input from their obstetric care providers, to determine the appropriate coordinated system of care and to implement policies that promote and support a regionalized system of care. These relationships enhance the ability of women to give birth safely in their communities while providing support for circumstances when higher level resources are needed.¹

As of 2017, there are 345 birth centers in 37 states plus DC.

- Freestanding birth centers are recognized by statute, legislation, or Medicaid in 41 states
- Numerous studies have shown that having a baby in a birth center is at least as safe as having a baby in a hospital for low-risk women.
- Care by midwives in birth centers is exceptionally affordable to the healthcare system. One study estimated that more than \$30 million was saved over 3 years because of the 15,574 women in their study who chose to give birth in birth centers.
- Every person has the right to make an informed choice about their reproductive healthcare and the place of birth that best fits their needs, and clearly birth centers are in demand.
- Licensure of birth centers provides for patient safety

The Institute for Medicaid Innovation² discussed - Midwifery-led care and stated that it might be a means to improve health equity and ultimately, maternal and infant outcomes for pregnant individuals enrolled in Medicaid.

Clinical Opportunities:

- Consider creating care team models that increase access to midwifery care for prenatal, intrapartum, and postpartum care.
- Explore ways to increase professional and public awareness of the benefits of the midwifery-led model of care and increase access for those enrolled in Medicaid.
- Consider designing a system of maternity care, based on acuity and unique need(s), that drives the right care, at the right place, at the right time, for the right person and allows maternity care providers to practice at the top of their training and license.
- Consider financially sustainable models that link the midwifery-led model to the Medicaid population, such as freestanding birth centers within federally qualified health centers (FQHCs).

¹ <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>

² https://www.medicicaidinnovation.org/_images/content/2020-IMI%20Improving_Maternal_Health_Access_Coverage_and_Outcomes-Report.pdf

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The concept is that low-risk individuals arrive in active labor, receive limited use of medical interventions and support for normal, physiologic birth, and are then discharged home several hours postpartum. This birth setting is used successfully in other high-income countries and in 2014 was recommended by the National Institute for Health and Care Excellence (NICE) in the United Kingdom as a valuable option for healthy individuals with normal pregnancies.

How will this improve access to care across the state?

VNPA feels that free standing birth centers would improve access to CNM care throughout Vermont by adding CNM options for care to “dessert care” areas and allow access to these APRNs

What are the social aspects?

Social aspects will include that patient will be able to get their care in a non-hospital setting as long as they are in a Low-Risk pregnancy. This care allows family’s to be in a low stress environment for this monumental time in their lives.

Summary:

This bill is as much about patient autonomy and women’s rights as it is about providing a proven, safe, and cost-effective healthcare option that is currently not offered in Vermont.

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